Welcome	Good morning, I am Sabrena Lea, I am the Access Coordinator in the Office of Long-term Services and Supports. Included in that responsibility, is management of the ADRC Expansion Grants which will add 4 new full functioning ADRCs and offer up to 10 Mini Grants for ADRC infrastructure development. I want to thank each of you who have taken the time to call-in today. We are excited about the growing interest about expanding ADRCs in North Carolina. We believe that ADRCs is a way to modernize LTC systems, particularly in relation to streamlining access to services and supports and helping people have more information about all their options, which gives them the opportunity to make informed, cost-effective choices. The initiative is not about adding new services but rather building on existing community infrastructure and realigning systems and processes for more efficient operations. No "new" services but not business as usual, either. ADRCs will necessitate a change in how we think about the work we do, and how we view ourselves in relationship to consumers and with each other.
Introductions	Joining me for this conference today is: Ann Eller, from the Office of Long-term Services and Supports, she is the Project Director for the Systems Transformation Grant Jan Moxley, from the Office of Long-term Services and Supports Heather Burkhardt, Program Specialist from the Division of Aging and Adult Services who managed the grant from its beginning until August of 2007 when program administration was moved to the Office of Long-term Services and Supports. These colleagues are members of the Grant Administration Team at the state level and they will be assisting me with responses to your questions.
	I would now like to pause and ask you to tell us who is on the call. Please speak slowly and clearly. Give your name and the organization you are representing.
Instructions	Our intention is to conduct this conference call with minimal formality. Anyone participating on the call may speak. When speaking please identify yourself prior to offering your comment/questions. We are attempting to take notes of the proceedings. If possible, please use the mute function on your phone unless you are speaking, as this will help to eliminate extraneous noises that can be distracting to people trying to hear. I am going to give a brief overview of the RFA and then move into the questions we have received. Discussion about the questions and responses will be limited and for the purpose of clarification rather than talking strategy. All questions and our responses will be posted on the OLTS website: www.ncdhhs.gov/olts by 1 pm on Monday, May 5. Please note that our website has been updated, if you had previously bookmarked "ncdhhs.gov/ltc", you will need to refresh it to "ncdhhs.gov/olts."

RFA Overview	With this Request for Applications (RFA), the North Carolina Department of Health and Human Services Office of Long-Term Services and Supports (NCDHHS OLTS) intends to identify and fund applicants that demonstrate how ADRCs will be developed, implemented, and used as a vehicle to implement the OLTS vision: to create a statewide, integrated, person and family-centered system for those who need long-term services and supports so that they can live and actively participate in communities of their choice. In an effort to maximize expansion efforts, applications that cover multiple counties are highly encouraged, as is the use of technology to track and provide information and assistance to consumers. Streamlining access to services and minimizing the burden for consumers to tell their "stories" repeatedly to various agencies is of paramount importance. The objective for this RFA derives from the 2001 North Carolina Institute of Medicine Recommendations, specifically; "The North Carolina DHHS should develop a 'uniform portal of entry' system for long-term care services in which confidentiality of information is ensured (priority)." ADRCs should be the primary vehicle for establishing a uniform portal of entry to long-term services and supports in North Carolina.
	The intent of the RFA is not to supplant existing programs that provide information and referral services to older adults and individuals with disabilities. It is also not the intent of this RFA to develop segregated programs. To the contrary, this RFA seeks to integrate and strengthen relationships between existing providers through the establishment of formal linkages, partnerships, and referral protocols.

QUESTIONS SUBMITTED BY PROSPECTIVE APPLICANTS:	RESPONSES PROVIDED BY OLTS
1. I am writing to find out if it is possible to establish a fully designated ADRC without applying for the grant. We in Wake County are very interested in this project and think we can probably fund it ourselves. Looking forward to your response	At this time, ADRC is a pilot initiative in North Carolina. The Department of Health and Human Services supports this initiative, administration of ADRC pilot project is to the Office of Long-term Services and Supports.

We are very interested in communities pursuing development of full functioning ADRCs; training and technical assistance will be offered to all communities involved in the process. We would strongly encourage completion of the Community Readiness Assessment Tool and the RFA, in particular the sections that address program development.

 While fiscal aspect of ADRC development is important, the programmatic aspect of development are equally important, we believe the process outlined in these two processes is essential for successful establishment of a full functioning ADRC. |

2. I have downloaded the RFA PDF file from your website, but it will not let me type information into the application. Is there another format in which I can receive the RFA?	The RFA as a word document is now posted on the website. We had anticipated a fillable PDF would be available to us, but unfortunately, it will not. Please use the RFA in Microsoft Word.
3. For the full grants, is the maximum amount $75,000 versus $75,000 a year?	The $75,000 would be the maximum award for the 33 months.
4. On page 23, is you check the block "either," does that mean the reviewer will decide which to award, full versus mini?	A committee will conduct an initial screen of all applications checked "Either", based on the merit of the application, the committee will recommend that it be considered for the "full" or "mini" grant. After that, it will go either to mini grant or full grant selection committee for review and scoring. The applications for the full and mini grants will be considered in separate processes.
5. On page 27-paragraph on "Project Methods" - define structure(s).	"Structure" means "current systems" that may be already in place or that will need to be created ex: a MOU
6. If applying for the full grant, is the budget for the entire grant period 33 months?	Yes
7. With the readiness tool, if NO is checked, then would this item be addressed in Forms C 1-6?	That would be at the discretion of the applicant, but the idea behind having communities complete the tool to identify areas in need of improvement and use the grant as an opportunity to improve. The functions/components addressed in the assessment tool are the elements of a full functioning ADRC.
8. Please clarify the third application option located on the "Notification of Intent to Apply" form, pg. 17. (i.e. "Either the Contract for Expansion of Aging and Disability Resource Connections or a Mini Grant for creating or improving the infrastructure for delivering at least one of the ADRC required function.").	Applicants have the option of choosing to pursue implementation of a full functioning ADRC or work on an area that lacks the infrastructure that is essential to the development of a full-function ADRC. Ultimately, it will be either the full grant or the mini grant but not both. It is our intention that the mini-grant will help communities improve their system, ex. I&A and we hope that have continued interest in opportunities to move toward implementation of a full-functioning ADRC in the future.

9. Concerning the Community Readiness Tool: The checklist is written as if an ADRC is already well under way – what are the expectations for filling out the form if our region is at the beginning stages of forming a Collaborative? Will the bidder be penalized for a majority of boxes checked "no?"	The expectation is that the community that is at the very beginning stage develop a process to streamline consumer access to long-term services and supports based on the priorities in that community. Will be applicant be penalized for having a majority of the boxed checked "no." When the answer is no, evaluators will look to see what strategies are being developed to impact and improve readiness. When the answer is yes, evaluators will look to see how the community is building on that strength to streamline access.
10. Will state agencies be required/mandated to participate in the development of an ADRC by NC DHHS?	At this time, ADRC is a pilot initiative in North Carolina. While the Department of Health and Human Services supports this initiative, it is not a mandate at this time at the state or federal level. It is important to note however that ADRC is codified in the 2006 re-authorization of the Older Americans Act.
11. Please comment on the statement on pg 20, number 4, "Contracts and Mini-Grants are contingent on the availability of funds."	Funding for these grants is through the Administration on Aging and the Centers for Medicare & Medicaid Services. It is not anticipated the funds will not be available as promised, however this statement is an acknowledgement that fund is subject to legislative vicissitudes
12. What are the differences in reporting requirements for mini-grants versus full-grants?	Reporting is addressed on page 9 of the RFA. A Mini-grantee will only be required to submit item #3 and possibly #2 depending on which function or component being addressed in the grant.
13. Please go over page 15, the "Application Face Sheet," particularly the second half.	The Application Face Sheet is a table. Click on the grey field to fill in the blanks. Example: the Forsyth County ADRC has two hubs one at Forsyth Senior Services and the other at the Adaptables. "Areas to be served" refers to the proposed geographic service area
14. Review Form A – particularly the categories for sub-contractors.	Form A provides evaluators information about the "lead agency" that will receive the funding on behalf of the collaborative, "sub contractor" are agencies or organization than may be subcontracted of funded by the lead agency to deliver ADRC functions.
15. Regarding submission of a mini-grant: If certain forms are not used (e.g., C-1 through C-7) what should be done with the excess forms? Leave blank and submit/ take out of the PDF/	Please reference the Applicant Checklist, mini grant applicant is not required to include any section indicated as optional section C1 thru C-7 on the checklist.

type "n/a" on sheets that do not apply?	
16. Clarification about the "Application Checklist" on page 69: Why is Form L not on the checklist? Are there guidelines for the requested Letters of Support? Concerning the Community Readiness Assessment Tool – will a writable format be available?	The Application Checklist is a tool that we hope will help applicants ensure they submit a completed application. "Form L" is not included on the checklist because it is a template "consumer satisfaction survey" that grantees will need to use. Since it is mostly a checklist, and unstable in its format we are unable to offer a fill able form. No. There are no specific guidelines for Support Letters.
17. Please clarify definition of "non-federal" funding for the matching 5%	Since funding for this grant is federal, no positions and/or programs that are funded with federal dollars can be used as match. Programs/positions funded with state and/or local money can be used.
18. Please define "prospective subcontractor" re Form A. Would this be the Council on Aging in the case of a regional submission or Just 1 Call in the case of a single-county submission?	Form A – page 23 "Prospective Sub Contractor" would be any organization/agency with whom the grantee anticipates sharing ADRC grant funds.
19. Is "expansion" an intentional choice of words for the full grant and does it imply ADRC aspects already exist? And if so, what?	We use the word "expansion" because we currently have two ADRCs one in Surry and the other in Forsyth… Through this process ADRCs will increase from 2 to 6, it is our hope that ADRC will have statewide coverage at some point in the future.
20. Does "either" on the "intent to apply" form means you determine our readiness for a full or partial grant? Or do we need to apply for one or the other?	Applicants have the option of choosing which grant they want to pursue or asking the selection committee to do so. Please note that if you opt to select "either," you will need to complete the RFA as if applying for the full grant.
21. Is the grant maximum of 75K firm?	At this time yes, if at such time funds become available that can be used to supplement this grant we would do so. Also, we encourage grantees to pursue other funding sources to compliment this initiative.
22. Can agencies from the same area submit separate applications?	No, separate applications targeting the same geographical service area will not funded. We strongly encourage communities to collaborate to submit one quality application.
23. Council on Aging filled the "intent to apply" form out for Mecklenburg County. If we do a regional application, do we need to submit "intent to apply form"?	Yes, when the completed Request for Application packet is submitted, the "Intent to apply Form" must be included and reflect that it is a "regional" application. Please review the RFA Checklist on page 69.

24. How does NCcareLINK fit into the ADRC concept? When will the client management system be operative? When will the Hubs be more interactive with the resource part of the database? Seems that activity has dropped off in recent months.	NCcareLINK is the IT piece of ADRC, once fully implemented it will allow client tracking and information sharing at the hub level which streamlines access and facilitates the referral process. The "client management tool" is currently being piloted at the Forsyth Co. ADRC. They are working with Office of Citizen's Service and NorthLight to tweak the builds and make them user-friendly. We hope to have it operational by this summer. As of April 15th at 1 pm, there were 8354 services in the system. Implementation of client tracking will vary, as each hub is autonomous.
25. On Form A (pg 23) at the bottom, there are three questions being asked. First two are obvious (county/pop. served) but what are you looking for the one next to NCcareLINK? Are you asking if the applicant is the hub?	We are asking applicant to identify which NCcareLINK hub or hubs cover their geographic service area.
26. The full contract is worth up to $50 - $75,000 for 33 mo of funding. Is this the total value of the grant for nearly 3 years or what should to be expected per year for nearly 3 years?	The $ 50,000-75,000 would be the maximum award for the 33 months.
27. What in-kind expenses are allowable expenses for the match? Can partner agency staff that works on the collaborative allowable expense? Does this expense reflect in the budget pages? (i.e. if we are applying for $75,000, with match being 5% ($3,750), would the total budget figure be $78,750 or just the $75,000?)	The budget pages included in the RFA do not include a specific space for the in-kind match but you can address how you intend to meet the match requirements in your budget narrative description. On Form D-1, your Total Budgeted Expenditures can include the total with match (i.e. $78,350 for a $75,000 grant) and you can indicate the in-kind requirement just above that line or include in-kind in any of the other lines indicating it is in-kind. In-kind may be any non-federal resource including staff from any partner agencies whose salaries are not federally funded for the time spent working on ADRC development, equipment, and office or meeting space. Or, it can be actual non-federal funding that contributes to ADRC development, contributed by a partner, or involved party.

28. Our area has many home health care and hospice service agencies. Due to the large number of programs, will the COE need to include ALL of them or one? What would be a fair method of deciding who would be involved in the COE?	Those choices are up to the ADRC governance body. We will offer some guidance in the operation manual currently being developed. The guidance will be based on the experience of our pilots and from other states that have a process similar to North Carolina. Other guidance is to refer back to the definition of "COE" on the readiness assessment tool. Key to the designation of COE, it that the organization/agencies is responsible for delivering a required ADRC <u>function</u>, i.e. *awareness and information, assistance, and access*. The organizations mentioned in this question, seems to relate more to "services" than "functions."
29. MOU for ADRCs…are there MOU's already drafted that can be tailored to our ADRC so we don't have to re-invent the form?	Sample MOU will be provided in the operation manual and customizable to your needs.
30. Are the MOU's agency-wide or with all individual's within each organization that will be providing assistance in the ADRC? (i.e. governmental agencies have many departments and a person may need to access more than one service within the organization, requiring them to meet with multiple staff members. Would each staff member have to have a MOU or would the head of the DSS be sufficient to cover their individual agency and its staff?)	MOUs are typically established between organizations/agencies and cover all personnel.
31. By your definitions, is financial eligibility determination the same as providing emergency financial assistance?	No, financial eligibility determination means looking at established financial criteria that is linked to certain publicly-funded programs and determining if the individual meets the financial criteria to be eligible for that program's services and supports. Example: Medicaid is a program that has financial eligibility determination. The role of the ADRC would be to develop a process to facilitate determination of an individual's eligibility for the program that is "seamless to the consumer." "Emergency Financial Assistance" would be that the ADRC has referral protocols in place, with the appropriate organization(s) or agency(s) in the community to respond to this need and the consumer would have "streamlined access," all contingent on availability of that service (emergency financial assistance) in that community

32. Community Readiness Assessment Tool, page 3, questions 19: define exactly what you mean by an "electronic participant-tracking database for ALL populations they serve"; and question 20: Does each COE have to have their own resource database or can they use NCcareLINK as their database?	#19: Electronic tracking: a computerized system is used to manage intake record keeping and generate reports for the consumer served. #20: Does each COE have to have their own resource, No.? NCcareLINK is available to all partners of the NCcareLINK hub that serves that area.
33. Community Readiness Assessment Tool, page 9, question 50: There is some confusion about the consumer satisfaction component: is this for the entire ADRC as its own entity or each member of the collaborative having their own individual consumer satisfaction that would feed back to the ARDC. Would the collaborative develop a consumer satisfaction survey for its own services? Is the Consumer Satisfaction Survey, Form L, a sample we can use or one DHHS wants us to use?	The Survey is applicable to the "entire ADRC" or Collaborative. Example: In Forsyth County, ADRC functions for older adults are delivered by Helpline which is apart of Forsyth Senior Services. The Customer satisfaction survey is not offered every consumer that comes into Forsyth Senior Services, nor is it offered to every consumer who receives services from Helpline. Only given to those consumers who received ADRC "services." Form L is a sample that grantees will need to use to be consistent with reporting for the overall grant.
34. If we are not planning to be involved in lobbying, do we need to include the forms H & I in our application? It states in the directions that those receiving federal dollars will need to submit this form. Are these federal or state dollars?	Yes, the forms must be completed. This grant is funded by federal dollars.
35. On forms C1 – 7, is there a space limitation on how much can be written?	Yes, applicants should tailor their responses to the space provided.
36. Our county has a similar system in place for the local health and human service organizations in order to maximize resources to the community. Can the ADRC be piggybacked on this network and if so, does the network have to change or adapt the present name to include the ADRC as part of its title?	In general, yes, North Carolina's vision for Aging and Disability Resource Connections is to link improves existing resources within the community and strengthening relationships between providers through partnerships and referral protocols. A brand and logo are in development and will need to be adapted with the organization current identity. Example: Carolina County Department on Aging partners with other organizations in their county to develop an ADRC. They would then answer the phone: "Good morning, Carolina County Department on Aging your Aging and Disability Resource Connection" ADRC would be view as a tag to their identity.

37. Will the $75,000 be divided over a three-year period?	Yes, please refer to page 8 under "Award Amounts"
38. Are we allowed to divide the $75,000 over the three years in a way that is best for us?	Yes, applicants should reflect the proposed distribution in their budget narrative.
39. Curious about the change in language from full grant vs. contract	Consider the words as synonymous, both the mini and full grants will result in contracts.
40. Is there any possibility that the number of full grants will be increased?	No, because we are operating with a grant that has limited funding and, as we said in our protocol, we would do four (4). Our desire is to include as many communities as possible — and we will work with any that are interested.
41. Geographic location — there is a county that may come in as a single county and bring in another county later — should this county be included? Follow-up – If that county doesn't come on board, will that be a problem?	Begin with the end in mind. Reflect the addition as a goal in the work plan Response to Follow-up: We realize that changes may occur in any plan; we plan with the best of intentions and sometimes that doesn't work out. You would re-write the plan providing the appropriate explanation about why the re-write is necessary.
42. Information and services [with NCcareLINK] is pretty poor—working agreement with 211 systems. I am cautious about things being ready in time you've started. In areas that have 211 systems, would data from that be comparable to NCcareLINK?	We would have to look at that on an individual basis.
43. When will the Operations Manual be available?	Late August, it will be available for the initial training of grantees. It will be available to grantees with funding and others interested in developing an ADRC without grant funding.
44. If an area is interested in applying but not receiving funding, will we need to submit the same documents?	Yes, funding resources should be reflected in the budget narrative
45. It appears that the emphasis on regional applications has become a higher priority. Will multi-county applications receive higher priority?	No. Every application will be evaluated on its own merit. We encourage communities to use their judgment as to what will work best and what makes sense for them, and reflect that in the application.
46. Will questions and answers coming to the ADRC mailbox be	Yes

posted on the website?	
47. Just so we are aware if others in our area or neighboring counties may be thinking of applying, is it possible to get a listing of those who mailed in Intent to Apply forms? We want to be sure we are inclusive and invite them to join together if there are.	The RFA process in general is confidential. The notice of intent to apply is not binding and because every application may not be awarded, we will not be posting that information.
48. We are interested in the efforts that the Homeless Management Information System is performing regarding client and resource management since some in our group feel we should think about working with them using that system. Since this system is out of DHHS, are the two (NCcareLINK and HMIS) doing basically the same thing?	According to the information posted on your website, the data base includes: Pitt County Referrals, Crisis & Mental Health Centers-NC Domestic Violence Programs-NC, Sexual Assault Programs-NC Domestic Violence-US ,Toll-free numbers . .ADRCs will be required to delivers information about long-term services and supports to at least two target populations older adults and their caregivers, and people with disabilities. Its features are: NCcareLINK is a statewide data base listing public and private services for older adult and their caregivers, adults with disabilities, children and families, and returning veterans; Geographic Coverage: statewide Search Capabilities: Resources can be searched using location and keyword. Provider Data Elements :Street Address/Contact Information, Specifies population served and eligibility, Service Area of each provider, Hours of Operation, Languages spoken by the provider, Electronic Address (Web/Email),Residential Capacity, Specialties, Public or Private Pay Data Collection Method : Electronic and manual Policy for Frequency of Data Updates: every 6 months Policy for Ensuring Accuracy of Data: Multi-tier verification of data and format Availability of Telephone Support : Users are encouraged to call local toll-

	free number for individual assistance or if they have questions about provider listings. Accessibility Features: Web site is accessible by text reader Language Translation: Site is translated into Spanish – in process Consumer Needs Assessment/Decision Tool/Personal Folder: in process Additional Features: Hot links to local resources – hot links to web addresses and email addresses
49. I have a question for you. On p. 19 of the General Instructions for the ADRC grant # 5 refers to the Proposed Action Plan as (forms C1-C6). On the Application Checklist it lists the "Scope of Work Elements and Proposed Action Plan" and then below it lists each of the C forms separately	No. It is the same thing. The scope of work elements... are listed separately on the checklist because mini grant applicants will only need to include "proposed action plans" for the elements or functions they are addressing in their mini grant application. Full and Either Grant applicants will need to submit them all.
50. To clarify line spacing requirements: in the RFA it says answers need to be double-spaced, and on the conference call notes it says to keep answers to the space allotted on the form - so, does it need to be double-spaced within the boxes? If so, then the answers will need to be extremely brief? Hope this question makes sense.	Please disregard the double spacing requirement stated on page 19 of the RFA when completing sections C1-C7 on pages 29-35. We will accept single spaced responses in these sections.